

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

RECEIVED
2/9/2021THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOISMarcus Williams**JUDGE COLEMAN
MAGISTRATE JUDGE MCSHAIN
PC4**(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: **21-CV-730**

(To be supplied by the Clerk of this Court)

R.A. Heisner "Warden""Transportation" - Company Marshall/StaffJ.A. Dunn "Associate Warden"Ms. Hurt "Health Administrator" NewDr. Mohan "Medical Staff under Company"MR. Cleveland % f.b.o.p. - staffDr. Peter T. Vaseopoulos "M.D." (Metro Chicago Surgical Oncology, LLC)MR. Gutierrez % f.b.o.p. - staffMr. Strickland "Health Administrator"MR. P. Robinson - % f.b.o.p. - staffMrs. Nicholson "Nurse under Company"/Mrs. Medefee "Head Nurse"(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")LT. Clark-Williams

CHECK ONE ONLY:

 COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants) X COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants) OTHER (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Morgan Williams
- B. List all aliases: Morgan Williams
- C. Prisoner identification number: 50250-424
- D. Place of present confinement: M.C.C. - Chicago, Illinois
- E. Address: 71 W. Van Buren St. Chicago, Illinois

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: R. A. Henner
 Title: Warden, R.A. Henner
 Place of Employment: Metropolitan Correctional Center - Chicago, Ill.
- B. Defendant: J. A. Dunn
 Title: Associate Warden
 Place of Employment: Metropolitan Correctional Center - Chicago, Ill.
- C. Defendant: Dr. Mohan
 Title: "MD"
 Place of Employment: Metropolitan Correctional Center - Chicago, Ill.

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

copy

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Mr. Strickland
 Title: Health Administrator
 Place of Employment: Metropolitan Correctional Center - Chicago, IL
- B. Defendant: Mrs. Micholson
 Title: Nurse
 Place of Employment: Metropolitan Correctional Center - Chicago, IL
- C. Defendant: Mrs. Vedee
 Title: Head Nurse
 Place of Employment: Metropolitan Correctional Center - Chicago, IL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: DR. Vaselopulos, M.D. Peter T
 Title: "MD" (Surgeon)
 Place of Employment: Metro Chicago Surgical Oncology, LLC
- B. Defendant: "Transportation" (Company) staff
 Title: transportation for F.B.O.P/M.C.C.-Chicago, IL
 Place of Employment: ? "Marshall" Transportation (Company) F.B.O.P
- C. Defendant: Ms Hurt
 Title: Nurse now Health Administrator
 Place of Employment: Metropolitan Correctional Center - Chicago, IL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: LT. Clark-Williams
 Title: L.T.
 Place of Employment: Metropolitan Correctional Center - Chicago, IL
- B. Defendant: Mr. Cleveland
 Title: Officer / staff
 Place of Employment: Metropolitan Correctional Center - Chicago, IL
- C. Defendant: Mr. Gutierrez / Mr. Robinson . P
 Title: LT. was C/O / L.T. was coansler
 Place of Employment: Metropolitan Correctional Center Chicago, IL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- _____ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)
- _____ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)
- _____ **OTHER (cite statute, if known)**

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 10-cv-1744
- B. Approximate date of filing lawsuit: ?
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MARZAN WILLIAMS
- D. List all defendants: Thomas Dart et al. Steven Miranda, ofc PtaK, Haskell, Ludwig, Capt Darcy
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): US District Court Northern District of Illinois
- F. Name of judge to whom case was assigned: ?
- G. Basic claim made: Assault & battery
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled
- I. Approximate date of disposition: ?

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 07cv4369
~~07cv4369 doc #21, 10cv1744, 12cv3514~~
- B. Approximate date of filing lawsuit: ?
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: ?
Marzan Williams Marjon Williams
- D. List all defendants: Marzan Williams / Cook County inmates
? Thomas Dart et al
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States District Court Northern District of Illinois
- F. Name of judge to whom case was assigned: Judge Lee
- G. Basic claim made: Over 48 hr without meds ?
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled - Class Action
- I. Approximate date of disposition: ?

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 12-CV-3514
- B. Approximate date of filing lawsuit: April 15, 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Marzan Williams
- D. List all defendants: Thomas Dart, William Byerly, Sgt Darnice Wiggins, Sgt Ricardo Hower, Manisha Patel
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. District Court Northern District of Illinois
- F. Name of judge to whom case was assigned: Judge Sharon Johnson Coleman
- G. Basic claim made: Negligence of proper medical treatment
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled
- I. Approximate date of disposition: ?

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- ① Ever around March of 2019, I Marzan Williams started to
have pain in my groin area. I went to medical here at M.C.C. Chicago
complaining for a total of 4 months before any action was taken. The pain
started to prevent me from being able to exercise. So I filed a
bp-8 as well as bp-9 just to get staff here to take action, but
to no avail. The pain moved, still in left testicle but now also
in my right front hip area. Like it would flare up. Doctor Michael
at M.C.C. Chicago health care seen me and joked with Nurse
Mrs. Nicholson in front of me saying "it's a love muscle, The hip area!
"The scrotum need a specialist". After a couple more months I
had an MRI. I was told it's not cancer it's an "Hydrocele" by
Thorek Hospital. Back at M.C.C. still in pain I would wake up mornings
unable to walk or sleep on my side. I sent E-mails to health care administrator
Strickland filed more bp-8's & 9's. Talked to A.W.J. A Dunn asked for help they
took notes but nothing. 10.17.19 well aware of my physical state, all staff!
The pain was so unbearable my Mother called here because no help spoke
to Strickland he came to see me called me a big baby because my Mother
called "I call you down" not now tomorrow, Nothing! That day or the next.

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Not until Tuesday four days later, I saw Dr. Mohand he only asked why am I here. No Meds or Check up. Bp 8:9 I finally go to Thorek another MRI now Hydrocele in both scrotum sacks. I request surgery. I explain pain in right front hip abo to Dr. Peter T. Vaselopulos of Metro Chicago Surgical Oncology he states "Not connected"! Time goes by sent to sick call by Officer on tier because of my physical condition sent away by Head Nurse Nedefee Hereat M.C.C. told me to file a bp8. Taken to Thorek (But not scheduled by doctors appointment sent away) Transport tells me "this has been an on-going problem with their Company" They wrote not seen on my profile & told me to write it up. Lost Labs twice at this time at M.C.C. & Thorek. Two missed surgery appointments, Lost Labs. Letter from Thorek saying Reschedule. Im in custody. I tell & show A.W.J.A Dunn & Operations Warden Blakley, letter. Show letter to Counslor Mrs. Martinez & Nurse staff. They try & take letter. "NO!" now at this time no record of injury. file bp8:9 go back to Thorek only to start process all over still in pain. No Meds for pain. Once before surgery Nurse calls them shut up pills. I finally have surgery, was told "small procedure Small incision drain fluid I'll walk right out." Dr. Vaselopulos! I woke up still sedated in cuffs no instructions of what happen, no pain pills, no dressing change, unable to move. Sent right back to M.C.C-Chicago. Transport same officers of non-scheduled visits". Placed

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

On a Regular deck with 88 other detainees violent & non-violent. (Not a medical unit for recovery), Forced to use stairs, no meds yet I asked my cell mate to step out so I can look at myself. I was Shaven, in a sling with blood everywhere leaking. 12 stitches in my scrotum, no medical supplies. I can only lay down, no nurse came to check on me. The next morning I get help to make it to the Officer desk. I lay there in pain bleeding in pain still no meds. Nurse comes give me a qual for a hand cutt. Later that night I show her blood Ms. Hurt "Nurse" (40 hrs after surgery) still no meds. Next day sent to medical not seen by Doctor Mohand only given gauls by Nurse Nicholson & pain pill was told "I have to wait for tylenol 3's on med cart 10 more hours later. No meds until 8am the next morning. Over 50+ hrs no meds or proper medical supplies. I had to shower with other detainees with open wound, no nurse to help prevent infection. I took good care of myself the best I could. 2 months go by bp8's-9's & bp10. (I finally get Check up) No more pain in front hip area, But scrotum swollen in pain unable to sit, Doctor Vaselopulos say's its infected or tissue scaring. I take lab to see what's going on, DR Vaselopulos Request he want to check something Sent back to M.C.C-Chicago May 4 2020. Time goes by I file bp8's & 9 trying to just get help. I get a response by M. Kruger "A.H.S.A" procedure is complete. I file bp10 saying its not done I took a Lab & something is still wrong! Then Covid! I ask Dr. Mohand at M.C.C to call Dr. Vaselopulos for Lab Results. "I have Asthma & Severe sleep Apnea. I'm doing every thing not to get sick. I'm scared to leave! No help! I sent E-mails

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Requesting this phone call. Was told "people has to get paid no call!"
 So I three way called my self Dr. Vase bpubs office 847-328-5600
 Explained gave info was told lab came back with blood in urien & enlarged
 bladder I requested to be seen! M.C.C is not helping bp's bp's Explained
 lab sent to sick call a Nurse looked up my results gave me these packets
 with concerns. Four Months later Dr. Mohand said "He does not see lab file
 did Urine test said no blood I go get Nurse & he tells her to be quite!
 So I urined in steel sink let it dry, wiped with tissue "Red color"
 blood! I spoke with Robertson from R:1) he sent Dr. Mohand
 10-30-20 I explained he said he'll order test. That was 2 months ago.
 Is not blood in urien Urgent? My left testicle gets cold & num still
 causing pain. Something is still wrong. I continue to file bp's to handle
 the situation, to no avail. Sent to Central Office Administrative, sent back
 saying file bp8, bp1 it was a month late. So I started over. I don't get
 any response gave to Counslor Canada over 2 months he brought a copy
 said "he turned it in!" "He don't know what's going on!" It is now 1-12-21

- ② Second issue: Sleep Apnea Machine; No distilled water, No new hose
 My Humidifier control has been malfunctioning for a
 year, no new air screen, face mask does not fit properly
 my sleep time is forced 11pm to 2am to 5:30 am then power
 Cord is taken even if in use. No cell mate scared I may die in
 my sleep. It is considered Severe Sleep Apnea. filed bp8's bp9's bp10's bp11's
 Nothing has been done for either Condition.

1-27-21; Nurse Pearson took a urine ⁵ sample, I guess my bp10 will ^{Revised 9/2007} come back from
 Region. I have not received a response yet in writing of my complaint though.
 At this point I have no one to go to but the Court Illinois.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Those whom did not perform their Job Duties, neglected
failed to speak or act to their moral compass of Human Rights
Be; Fined and OR Fired! My Well being & Health Care problem
be complete. New rules & policies & procedures controlled better
Compensation for pain & suffering Compensation for Neglect
Compensation for Mental Anguish

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

OR Judge

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this Jan day of 27, 2021

Marzan Williams

(Signature of plaintiff or plaintiffs)

Marzan Williams

(Print name)

52250-424

(I.D. Number)

71 west Van Buren st.

Chicago, Illinois 60605

(Address)

Ex. of op

Lt. Clark-Williams. After I calmed down no one still came. Plus I have not taken a shower since Friday it's Monday. Next shower isn't until Wednesday. What is going on? I'm already lockdown because of COVID-19 24/24 Mon/Wens/~~Fri~~
10 min shower Tues/Thurs/Sund 20 min e-mail & phone 1 hr 30 min out my cell a week I am a detainee not a inmate! I am subject to **cruel** & unusual punishment. This is inhuman & barbarous. Even medical treatment is being neglected here after countless of Administrative Remedy complaints I finally want to Thorek for a follow up after 2 months and two weeks. I was given some kind of antitoxin. I recieved a letter a month later from M. Kruger, AUSA saying I was seen. They did blood & urine samples also because there is still a problem. My Complaint is the negligence Here at the M.C.C. Chicago. I have been told by staff this facility is private owned not an F.B.I. "We have our own Rules!"
 I have not seen a Counselor in a week. I had to beg Counselor Canada for this Bp "8" 5 times at least he came. They do not want to take my Remedy complaint.

METRO CHICAGO SURGICAL ONCOLOGY, LLC.

Allen M. Chernoff, MD.
Neil R. Friedman, M.D.

Mark J. Schacht, M.D.
Peter T. Vaselopulos, M.D.

October 8, 2019

Mr. Marzan Williams
71 W Van Buren St
C/O MCC Chicago
Chicago, IL 60605

Dear Mr. Marzan Williams:

Our records indicate that you missed your September 16, 2019 appointment with Dr. Vaselopulos. Please call our office to schedule your appointment at your earliest convenience.

We are interested in your health care and hope to hear from you soon. You may contact us at **(847) 328-5600**.

Sincerely,

Peter T. Vaselopulos, M.D.

800 Austin St.
Suite 569 East Tower
Evanston, IL 60202
(847) 328-5600

5140 N. California Ave.
Suite 600
Chicago, IL 60625
(773) 728-0201

3201 Old Glenview Rd.
Wilmette, IL 60091
(847) 673-6505

850 W. Irving Park Rd.
Suite 207
Chicago, IL 60613
(773) 728-0201

767 Park Ave., West
Suite 180
Highland Park, IL 60035
(847) 432-4066

METRO CHICAGO SURGICAL ONCOLOGY, LLC.

Allen M. Chernoff, MD.
Neil R. Friedman, M.D.

Mark J. Schacht, M.D.
Peter T. Vaselopulos, M.D.

July 31, 2019

Mr. Marzan Williams
71 W Van Buren St
C/O MCC Chicago
Chicago, IL 60605

Dear Mr. Marzan Williams:

Our records indicate that you missed your July 15, 2019 appointment with Dr. Vaselopulos.
Please call our office to schedule your appointment at your earliest convenience.

We are interested in your health care and hope to hear from you soon. You may contact us
at **(847) 328-5600**.

Sincerely,

Peter T. Vaselopulos, M.D.

800 Austin St.
Suite 569 East Tower
Evanston, IL 60202
(847) 328-5600

5140 N. California Ave.
Suite 600
Chicago, IL 60625
(773) 728-0201

3201 Old Glenview Rd.
Wilmette, IL 60091
(847) 673-6505

850 W. Irving Park Rd.
Suite 207
Chicago, IL 60613
(773) 728-0201

767 Park Ave., West
Suite 180
Highland Park, IL 60035
(847) 432-4066

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Williams, Marzan 52250-424 Z-AD/shu M.C.C./Chicago IL
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

TO whom it may concern, My name is Marzan Williams # 52250-424 I have been a pre-trial detainee since Jan. 22, 2019. For at least 4 months I have complained about an enlarged left testicle which pain is sometimes at a consistent level "8" to where I have to lay down. I have been to Health Care several time after my persistence I was sent to Thorek hospital, once for an MRI, then a follow up which I was told both testicle have fluid in them. Now, I requested surgery & was schedule for 7.15.19 it is now 7.29.19. I have spoken with every last one of the medical nurse staff & Mrs. Nicholson who come by & ask if we need sick call she just looks at me and has no answer about my surgery. I even spoke to the warden Dunn, & he had Dr. Mohan come by, which he took name that was 10 days ago. 7.29.19
DATE Response: I need medical attention. Marzan Williams
SIGNATURE OF REQUESTER

Part B - RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 988047-21

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Williams, Marzan 52250-424 15 M.C.C-Chicago
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

To whom it may concern, this is my second administrative remedy process. To get medical treatment, for my surgery which was set for July 15th 2019. I recieved an letter from Thorek hospital saying I need to ~~reschedule~~ my appointment with a number to call. I have shown this to DR. Mohan, Health Care Adminishtation. The Warden Of programs, & the A.W to no avail. I am in pain. I feel hopeless, I'm worried I will no longer be able to have kids if this continues. I was told by all of staff we don't make appointments. I asked what about the doctor
10.31.19 checking on me & setting one?
DATE SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED

NOV 13 2019

WARDEN'S OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 996836-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)
APRIL 1982

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 13330.18 requires that except as required in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a Request for Administrative Remedy (BP-9).

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

Marzon Williams
Inmate Name

52250-424
Register No.

1510/15
Qtrs./Unit

[Signature]
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

I have had an enlarged testicle for months I went to Thoreck Hospital five times. I was set for surgery and was not taken to my appointment, "twice" July 15, 2019 & Sept. 15, 2019. I told the doctor HELL & all of staff several times!

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I first spoke to Doctor Mohan "MD" & the nurse staff been to sick call 10 times, then I spoke with the Health administrator by Email then 1st & 2nd wardens.

3. What action does the inmate wish to be taken to correct the issue?

be able to not feel any more pain! be taken to the doctor! Someone talk to the doctor & transport because some days I can not walk.

Correctional Counselor's Comments (including actual steps taken to resolve):

Emailed Medical - No Resolution Noted
Inmate wants to file BP9

[Signature]
Correctional Counselor

10/31/19
Date

Staff Circle One:
Informally Resolved

Not Informally Resolved

Unit Manager's Review

[Signature]
Unit Manager

11-7-19
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	<u>10-16-19</u>	<u>N/A</u>	<u>10/31/19</u>	<u>11/7/19</u>	<u>11/21/19</u>
Time:	<u>11:00am</u>		<u>1015</u>	<u>1100</u>	<u>10</u>
Counselor Initials	<u>RECEIVED [Signature]</u>		<u>lm</u>	<u>lm</u>	<u>lm</u>

NOV 13 2019

MCC CHICAGO

WARDEN'S OFFICE

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 13330.18 requires that except as required in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a Request for Administrative Remedy (BP-9).

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

MARZON WILLIAMS

Inmate Name

52250-424

Register No.

1513/15

Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

Treatment of and by Staff of M.C.C. Chicago in violation of 1. Duty 2. Breach 3. Caustion & damages (Abuse of process) (Intentional infliction - emotional distress)

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

Verbal Email complaints My conduct of emotional distress asking for an Commanding official "white shirt" unit councilor

3. What action does the inmate wish to be taken to correct the issue?

To be cared for as I matter! One hour Rec! Two 15 min a day phone calls Email at least 1 hour out during 10-2 shift & 1 hour out 2-10 shift! I.E.D to be of concern!

Correctional Counselor's Comments (including actual steps taken to resolve):

Bureau of Prisons Nationwide guidance due to the Covid-19 pandemic requires additional Operational and Programming changes. This includes limiting contact between persons. All other complaints must be listed on separate administrative remedies.

Correctional Counselor

Date

4-10-2020

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

4-10-20

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the unit.

2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	4-9-2020	4-9-20	4-9-20	4-9-20	4-9-20
Time:	1115	2:30 pm	2	250	315
Counselor Initials	M	ll	MW	lzm	lzm

RECEIVED

MCC CHICAGO

MAY 01 2020

WARDEN'S OFFICE

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Williams Marzan 52250-424 1310/13 M.C.C.-Chicago, IL
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I am in pain, have been for months. My "Eight Amendment" Rights have been violated so many times. To no avail my medical needs have been in intentional denial. Just had surgery lhr on my scrotum, Doctor did not speak to me after or no follow up has been done. Im worse than before! M.C.C did not give me my medication over 24 hours! I had to lay on the officer desk to be sent to medical. Finally made it for follow up, but was told I do not have an appointment. Sent away Marshalls wrote on the envelope not seen, said they have been going to none schedule doctor visits. Company has been messing up a lot! It has been more than enough time to be seen before even this Covid-19. I am suffering! I waited 6 months for a sleep apnea test. Came back servere! Have been told to use sink water by staff! Also it continues to beep & say Humidifier failure. "Told staff"! Since being in the M.C.C. I also caught a rash on my chest it was small now large went to sickle. Received some shampoo was told if not working come back. been back ~~more~~ more than once was told lets handle one thing at a time! Marzan Williams

4-18-20

DATE

SIGNATURE OF REQUESTER

Part B - RESPONSE

JUN 05 2020

REGIONAL DIRECTOR'S OFFICE
NORTH CENTRAL REGION

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C - RECEIPT

CASE NUMBER: 996836-21

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 13330.18 requires that except as required in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a Request for Administrative Remedy (BP-9).

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

MARZAN Williams

52250-424

(1310 / 13)
1513 / 15M. Williams
Inmate Signature

Inmate Name

Register No.

Qtrs./Unit

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

After my surgery I was not seen by a doctor. No medication was issued. I had to be in the staff office on Unit 15 to get me help. It's been over a month later and still no follow up. problem even worse than before.

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

I talked to Doctor Mohan, all at medical staff, been to sick call three times. Went to outside hospital but no schedule appointment so turned away.

3. What action does the inmate wish to be taken to correct the issue?

To get a follow by the doctor. He never talked to me before or after surgery.

Correctional Counselor's Comments (including actual steps taken to resolve):

See attached response in which health services staff state you were properly evaluated by medical staff.

J. Ewell
Correctional Counselor5-13-20
DateStaff Circle One:
Informally Resolved

Not Informally Resolved

Unit Manager's Review

J. Ewell
Unit Manager5-13-20
Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the unit.

2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:	4-9-2020	4-20-20			
Time:	11:15	11:10am			
Counselor Initials	M				

RECEIVED

MCC CHICAGO

JUL 01 2020

WARDEN'S OFFICE

C, IL, MCC, 002 - 7.21.20
C, IL, MCC, 001 - 7.20.20PS 1330.18
January 6, 2014
Administrative Remedy Program

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 13330.18 requires that except as required in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a Request for Administrative Remedy (BP-9).

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

Marzan Williams
Inmate Name

52250-424
Register No.

1420-13
Qtrs./Unit

M. W. S.
Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

#001 Medical
#002 Lockdown

2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?

3. What action does the inmate wish to be taken to correct the issue?

Correctional Counselor's Comments (including actual steps taken to resolve):

Correctional Counselor

Date

Staff Circle One:
Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the unit.

2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing.

	Inf. Resolution Form Issued to Inmate	Inf. Resolution Form Returned to Counselor	BP-9 Issued to Inmate	BP-9 Returned to Counselor	BP-9 Delivered to Admin Remedy Clerk
Date:					
Time:					
Counselor					
Initials					

MCC CHICAGO

"Copies" from Counselor Canada! no one responded
or would give me an proper form

CIL.mcc.002

(7-21-20)

INFORMAL Resolution Form

BP-9

Marzon Williams

52250-424

11/20/14

Mj. N.H.

1. ~~On~~ On 7/21/20 at or around 11:30 am to 12:00 o'clock. A counselor came on the Unit of "13". But did not make rounds to answer issues or complaints. My Issue is on 7-20-20. I was told as I was taking a shower. I had a medical call-out so I got dressed & had to wait 45 minutes for the elevator which was trying to keep the 6th cross-contamination between detainees. Which I understand, but as I was on floor "5" for transport I requested to have doctor Mahon to call M.D.P. Vaselopulos at Thoree Hospital at (847) 328-5600 for the Results of my Lab Results from my surgery. This is to avoid me from contracting the Covid-19 virus either by transport but most of all being placed on Unit "15" after my return. Which is where detainees are actually infected with Covid virus. I am a high risk my Asthma & Severe Sleep apnea. I myself have done my all to avoid the virus which I have of lately I have not contracted. So in saying the call would have been more sufficient. I didn't refuse or sign a refusal but when we went to the medical nothing happen!
2. I spoke to a nurse 7-21-20 at 9am but she said she don't know give me your name. Do to post neglect this may help.
3. I would like to be able to call the doctor if possible & get my results to avoid Covid. This complaint is an on going issue which I have been neglected or told the medical need is satisfied. Which has not been.

Collection Counselor

Date

Staff Circle One:
Informally Resolved

Not Informally Resolved

Unit Manager's Review

Unit Manager

Date

Distribution by Collection Counselor:

1. If complaint is informally resolved, maintain original on file in the unit.
2. If complaint is not informally resolved, attach original to BP-9 form and forward to Administrative Remedy Clerk for processing.

Inf. Resolution
Form Issued
to InnateInf. Resolution
Form Returned
to counselorBP-9 Issued
to InnateBP-9 Returned
to counselorBP-9 Delivered to
Admin Remedy Clerk

Date:

Time:

Counselor
Initials

(Covid-19)

CIMCC001

Informal Resolution Form

7.20.20

BP-9

Marzan Williams

52250-424

1420/13"

Mg. Will

1. On 7.20.20 at or around 12 or 1pm I was on the elevator going to floor 5 for transport. But the officer had to drop off something & someone on floor 21. Upon stepping off the elevator I noticed detainees everywhere. Some or most with no mask, able to get filtered water also ice and hot water when needed. A Shower line, multiple chairs in front of the tv area. Working out & ext... My mind, body, & spirit has been affected due to the treatment of the 24hr lockdown of Covid-19. There has been tremendous amount of phantasmagoria. I myself have went through phase of Anxiety, depression, psychological dilemmas even anguish. I have also seen some exposed from this extreme lockdown turmoil. Even being a detainee preparing for trial is non-existent. There are no accommodations to properly study, communicate or research Law. I have been subject to 5 minute calls once a week & 10 minute showers to 10 now 15 minutes phone calls & 20 minute showers. Sometimes no cleaning opportunities. Twice almost 10 days without no shower. Officers telling me to use water out of the sink which is dark in color when first turned on. Food being held for more than Two hours before being of an cold temperature once received. No Recreational time at all. Its been four months and nothing has changed. City of Chicago went into stage 4 not the MDC still 24hr Lockdown now what is our next step? No more Section Recreational, has been over 13 unit!

2. I have write several grievances of 8"-9" & 10' maybe this one too!

3. I would like, for to start being able to have two hours out a day that's rec, shower, phone, email & law studies. Some one gets sick we lock back down. After 14 days test then back to normal.

Correctional Counselor's Comments (including actual steps taken to resolve)

Correctional Counselor _____ Date _____ staff Circle One: Informally Resolved ☒ Not Informally Resolved ☐

Unit Manager's Comments _____

Unit Manager _____

Date _____

Distribution by Correctional Counselor

1. If complaint is informally resolved, none.
2. If complaint is not informally resolved, attach original to BP-9 form & forward to A.C.C. for processing

Inf. Resolution
form issued
to inmate

Inf. Resolution
form returned
to counselor

BP-9 Issued
to Inmate

BP-9 Returned
to counselor

BP-9 Delivered to
Admin. Ready check

Date: _____

Time: _____

Counselor
Initials _____



Hydrocele

← Result from (Cystoscopy)

Overview

A hydrocele (HI-droe-seel) is a type of swelling in the scrotum that occurs when fluid collects in the thin sheath surrounding a testicle. Hydrocele is common in newborns and usually disappears without treatment by age 1. Older boys and adult men can develop a hydrocele due to inflammation or injury within the scrotum.

A hydrocele usually isn't painful or harmful and might not need any treatment. But if you have scrotal swelling, see your doctor to rule out other causes.

Symptoms

Usually, the only indication of a hydrocele is a painless swelling of one or both testicles.

Adult men with a hydrocele might experience discomfort from the heaviness of a swollen scrotum. Pain generally increases with the size of the inflammation. Sometimes, the swollen area might be smaller in the morning and larger later in the day.

When to see a doctor

See your doctor if you or your child experiences scrotal swelling. It's important to rule out other causes of the swelling that might require treatment. For example, a hydrocele might be associated with a weak point in the abdominal wall that allows a loop of intestine to extend into the scrotum (inguinal hernia).

A baby's hydrocele typically disappears on its own. But if your baby's hydrocele doesn't disappear after a year or if it enlarges, ask your child's doctor to examine the hydrocele again.

Get immediate medical treatment if you or your child develops sudden, severe scrotal pain or swelling, especially within several hours of an injury to the scrotum. These signs and symptoms can occur with a number of conditions, including blocked blood flow in a

twisted testicle (testicular torsion). Testicular torsion must be treated within hours of the beginning of signs and symptoms to save the testicle.

Causes

Baby boys

A hydrocele can develop before birth. Normally, the testicles descend from the developing baby's abdominal cavity into the scrotum. A sac accompanies each testicle, allowing fluid to surround the testicles. Usually, each sac closes and the fluid is absorbed.

Sometimes, the fluid remains after the sac closes (noncommunicating hydrocele). The fluid is usually absorbed gradually within the first year of life. But occasionally, the sac remains open (communicating hydrocele). The sac can change size or if the scrotal sac is compressed, fluid can flow back into the abdomen. Communicating hydroceles are often associated with inguinal hernia.

Older males

A hydrocele can develop as a result of injury or inflammation within the scrotum. Inflammation might be caused by an infection in the testicle or in the small, coiled tube at the back of each testicle (epididymitis).

Risk factors

Most hydroceles are present at birth. At least 5 percent of newborn boys have a hydrocele. Babies who are born prematurely have a higher risk of having a hydrocele.

Risk factors for developing a hydrocele later in life include:

- Injury or inflammation to the scrotum
- Infection, including a sexually transmitted infection (STI)

Complications

A hydrocele typically isn't dangerous and usually doesn't affect fertility. But a hydrocele might be associated with an underlying testicular condition that can cause serious complications, including:

- **Infection or tumor.** Either might reduce sperm production or function.
- **Inguinal hernia.** The loop of intestine trapped in the abdominal wall can lead to life-threatening complications.



Cystoscopy

Overview

Cystoscopy (sis-TOS-kuh-pee) is a procedure that allows your doctor to examine the lining of your bladder and the tube that carries urine out of your body (urethra). A hollow tube (cystoscope) equipped with a lens is inserted into your urethra and slowly advanced into your bladder.

Cystoscopy may be done in a testing room, using a local anesthetic jelly to numb your urethra. Or it may be done as an outpatient procedure, with sedation. Another option is to have cystoscopy in the hospital during general anesthesia.

The type of cystoscopy you'll have depends on the reason for your procedure.

Why it's done

Cystoscopy is used to diagnose, monitor and treat conditions affecting the bladder and urethra. Your doctor might recommend cystoscopy to:

- **Investigate causes of signs and symptoms.** Those signs and symptoms can include blood in the urine, incontinence, overactive bladder and painful urination. Cystoscopy can also help determine the cause of frequent urinary tract infections. However, cystoscopy generally isn't done while you have an active urinary tract infection.
- **Diagnose bladder diseases and conditions.** Examples include bladder cancer, bladder stones and bladder inflammation (cystitis).
- **Treat bladder diseases and conditions.** Special tools can be passed through the cystoscope to treat certain conditions. For example, very small bladder tumors might be removed during cystoscopy.
- **Diagnose an enlarged prostate.** Cystoscopy can reveal a narrowing of the urethra where it passes through the prostate gland, indicating an enlarged prostate (benign prostatic hyperplasia).

Your doctor might conduct a second procedure called ureteroscopy (u-ree-tur-OS-kuh-pee) at the same time as your cystoscopy. Ureteroscopy uses a smaller scope to examine the tubes that carry urine from your kidneys to your bladder (ureters).

Risks

Complications of cystoscopy can include:

- **Infection.** Rarely, cystoscopy can introduce germs into your urinary tract, causing an infection. To prevent infection, your doctor might prescribe antibiotics to take before and after your cystoscopy. Risk factors for developing a urinary tract infection after cystoscopy include advanced age, smoking and unusual anatomy in your urinary tract.
- **Bleeding.** Cystoscopy might cause some blood in your urine. Serious bleeding occurs rarely.
- **Pain.** You might experience abdominal pain and a burning sensation when urinating. These symptoms are generally mild and gradually decrease after the procedure.

Signs and symptoms of a serious complication

Call your doctor or go to the nearest emergency room if you experience:

- An inability to urinate after cystoscopy
- Bright red blood or heavy blood clots in your urine
- Abdominal pain and nausea
- Chills
- A fever higher than 101.4 F (38.5 C)
- Pain or burning during urination that lasts more than two days

How you prepare

You might be asked to:

- **Take antibiotics.** Your doctor might prescribe antibiotics to take before and after cystoscopy, especially if you have trouble fighting off infections.
- **Wait to empty your bladder.** Your doctor might order a urine test before your cystoscopy. Wait to empty your bladder until you get to your appointment in case you need to give a urine sample.

Prepare for sedation or anesthesia

◀ ☞ 7 V % ä f " ☉ - ☐ ° ¶ · ¶ · ¶ · r L - ¶ | 6 ° r √ à n " √ ▲ n 3 · * n ▼ U ♣ 9

If you'll receive an intravenous (IV) sedative or general anesthetic during your cystoscopy, plan ahead for your recovery. You'll need to ask someone to drive you home.

What you can expect

During the cystoscopy

A simple outpatient cystoscopy can take five to 15 minutes. When done in a hospital with sedation or general anesthesia, cystoscopy takes about 15 to 30 minutes.

Your cystoscopy procedure might follow this process:

- **You'll be asked to empty your bladder.** Then you'll lie down on a table on your back. You'll likely be positioned with your feet in stirrups and your knees bent.
- **You may or may not need a sedative or anesthetic.** If you receive a sedative, you'll feel sleepy and relaxed during the cystoscopy, but you'll still be aware. If you receive a general anesthetic, you won't be aware during the procedure. Both types of medication may be given through a vein in your arm.
- **Your doctor will insert the cystoscope.** A numbing jelly will be applied to your urethra to help prevent pain when the cystoscope is inserted. After waiting a few minutes for the numbing, your doctor will carefully push the cystoscope into your urethra, using the smallest scope possible. Larger scopes might be needed to take tissue samples or pass surgical tools into the bladder.
- **Your doctor will examine your urethra and bladder.** The cystoscope has a lens on the end that works like a telescope to magnify the inner surfaces of your urethra and bladder. Your doctor might place a special video camera over the lens to project the images onto a video screen.
- **Your bladder will be filled with a sterile solution.** The solution inflates the bladder and allows your doctor to get a better look inside. As your bladder fills, you may feel the need to urinate. You'll be encouraged to do so once the procedure is finished.
- **Tissue samples might be taken.** Your doctor might take tissue samples for lab testing, or perform various other procedures during the cystoscopy.

After the cystoscopy

You might be allowed to resume your daily routine. If you've had sedation or general anesthesia, you might be asked to remain in a recovery area to allow the effects of the medication to wear off before you leave.

You might experience side effects after cystoscopy, such as:

- Bleeding from your urethra, which can appear bright pink in your urine or on toilet tissue
- A burning sensation during urination
- More frequent urination for the next day or two

You can relieve some of the discomfort if you:

- Hold a warm, moist washcloth over the opening to your urethra to help relieve pain. Repeat as needed.
- Take a warm bath. However, your doctor might ask you to avoid baths. Ask your doctor if you have concerns.
- Drink water. Flushing out your bladder can reduce irritation. Try to drink 16 ounces (473 milliliters) of water each hour for the first two hours after your cystoscopy.

Call your doctor if you have concerns after your cystoscopy.

Results

Your doctor might be able to discuss the results immediately after your procedure.

Or, your doctor might need to wait to discuss the results at a follow-up appointment. If your cystoscopy involved collecting a biopsy to test for bladder cancer, that sample will be sent to a lab. When the tests are complete, your doctor will let you know the results.

By Mayo Clinic Staff

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Benign prostatic hyperplasia (BPH)

Overview

Benign prostatic hyperplasia (BPH) — also called prostate gland enlargement — is a common condition as men get older. An enlarged prostate gland can cause uncomfortable urinary symptoms, such as blocking the flow of urine out of the bladder. It can also cause bladder, urinary tract or kidney problems.

There are several effective treatments for prostate gland enlargement, including medications, minimally invasive therapies and surgery. To choose the best option, you and your doctor will consider your symptoms, the size of your prostate, other health conditions you might have and your preferences.

Symptoms

The severity of symptoms in people who have prostate gland enlargement varies, but symptoms tend to gradually worsen over time. Common signs and symptoms of BPH include:

- Frequent or urgent need to urinate
- Increased frequency of urination at night (nocturia)
- Difficulty starting urination
- Weak urine stream or a stream that stops and starts ✓
- Dribbling at the end of urination ✓
- Inability to completely empty the bladder

Less common signs and symptoms include:

- Urinary tract infection
- Inability to urinate
- Blood in the urine

The size of your prostate doesn't necessarily determine the severity of your symptoms. Some men with only slightly enlarged prostates can have significant symptoms, while other men with very enlarged prostates can have only minor urinary symptoms.

In some men, symptoms eventually stabilize and might even improve over time.

Other possible causes of urinary symptoms

Conditions that can lead to symptoms similar to those caused by enlarged prostate include:

- Urinary tract infection
- Inflammation of the prostate (prostatitis)
- Narrowing of the urethra (urethral stricture)
- Scarring in the bladder neck as a result of previous surgery
- Bladder or kidney stones
- Problems with nerves that control the bladder
- Cancer of the prostate or bladder

When to see a doctor

If you're having urinary problems, discuss them with your doctor. Even if you don't find urinary symptoms bothersome, it's important to identify or rule out any underlying causes. Untreated, urinary problems might lead to obstruction of the urinary tract.

If you're unable to pass any urine, seek immediate medical attention.

Causes

The prostate gland is located beneath your bladder. The tube that transports urine from the bladder out of your penis (urethra) passes through the center of the prostate. When the prostate enlarges, it begins to block urine flow.

Most men have continued prostate growth throughout life. In many men, this continued growth enlarges the prostate enough to cause urinary symptoms or to significantly block urine flow.

It isn't entirely clear what causes the prostate to enlarge. However, it might be due to changes in the balance of sex hormones as men grow older.

Risk factors

Risk factors for prostate gland enlargement include:

- **Aging.** Prostate gland enlargement rarely causes signs and symptoms in men younger than age 40. About one-third of men experience moderate to severe symptoms by age 60, and about half do so by age 80.
- **Family history.** Having a blood relative, such as a father or a brother, with prostate problems means you're more likely to have problems.
- **Diabetes and heart disease.** Studies show that diabetes, as well as heart disease and use of beta blockers, might increase the risk of BPH.
- **Lifestyle.** Obesity increases the risk of BPH, while exercise can lower your risk.

Complications

Complications of an enlarged prostate can include:

- **Sudden inability to urinate (urinary retention).** You might need to have a tube (catheter) inserted into your bladder to drain the urine. Some men with an enlarged prostate need surgery to relieve urinary retention.
- **Urinary tract infections (UTIs).** Inability to fully empty the bladder can increase the risk of infection in your urinary tract. If UTIs occur frequently, you might need surgery to remove part of the prostate.
- **Bladder stones.** These are generally caused by an inability to completely empty the bladder. Bladder stones can cause infection, bladder irritation, blood in the urine and obstruction of urine flow.
- **Bladder damage.** A bladder that hasn't emptied completely can stretch and weaken over time. As a result, the muscular wall of the bladder no longer contracts properly, making it harder to fully empty your bladder.
- **Kidney damage.** Pressure in the bladder from urinary retention can directly damage the kidneys or allow bladder infections to reach the kidneys.

Most men with an enlarged prostate don't develop these complications. However, acute urinary retention and kidney damage can be serious health threats.

Having an enlarged prostate is not believed to increase your risk of developing prostate cancer.

By Mayo Clinic Staff

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REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: AUGUST 20, 2019

FROM: ADMINISTRATIVE REMEDY COORDINATOR
NORTH CENTRAL REGIONAL OFFICE

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNIT: JAIL UNSEN QTR: D02-011L
71 WEST VAN BUREN STREET
CHICAGO, IL 60605

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 988047-R1 REGIONAL APPEAL
DATE RECEIVED : AUGUST 16, 2019
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

RECEIPT - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 14, 2019

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CHICAGO MCC

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: D02-014L

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST
IDENTIFIED BELOW:

REMEDY ID : 996836-F1
DATE RECEIVED : NOVEMBER 13, 2019
RESPONSE DUE : DECEMBER 3, 2019
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 :

MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: D02-013L
71 WEST VAN BUREN STREET
CHICAGO, IL 60605

RECEIVED: 12/31/2019 (CB) DELIVERED 01/02/2020 (CB)

Zamora-Martinez - Williams, Marzan 52250-424

From: [REDACTED]
To: [REDACTED]
Date: 10/17/2019 3:36 PM
Subject: Williams, Marzan 52250-424
CC: [REDACTED]
Attachments: Williams, Marzan.pdf; Zamora-Martinez, [REDACTED].

Please note the attached medical complaint and provide a response within 5 working days. Thanks!

[REDACTED]

RECEIVED

NOV 13 2019

WARDEN'S OFFICE

[REDACTED]

Legal Mail

Gutierrez

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: DECEMBER 4, 2019

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CHICAGO MCC

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: D02-014L

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE ADMINISTRATIVE REMEDY REQUEST
IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED
FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 996836-F1
DATE RECEIVED : NOVEMBER 13, 2019
RESPONSE DUE : DECEMBER 23, 2019
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 :

1 of 3 Different Bp's only one Response & Case Number

BP-229 Response

Case Number: 996836-F1

All Responses

This is in response to your Request for Administrative Remedy received on November 13, 2019, wherein you are inquiring about the rescheduling of your surgery with the outside hospital, which was originally scheduled for July 15, 2019. You state you are in pain, feel hopeless, and are worried you will no longer be able to have kids. As relief, you are requesting the rescheduling of your surgery.

A review of this matter reveals you arrived at MCC Chicago on January 22, 2019, and had an intake done with no complaints noted. On February 1, 2019, you refused to have a health and physical examination. On April 9, 2019, you requested to receive a history and physical examination due to a sick call complaint in regards to ankle pain and testicular swelling. On April 16, 2019, you had a follow-up exam to discuss your x-ray findings, complaint of sleep apnea, and to discuss your scrotal swelling. During that examination, a consultation was submitted for a scrotal ultrasound and follow-up evaluation with urology. On June 7, 2019, you went to an outside radiology appointment for a scrotal ultrasound. On June 11, 2019, you had a follow-up appointment with your provider to discuss the results of the radiology appointment and prescribed pain medication. On June 17, 2019, you had a follow-up appointment with the urologist who discussed surgical options with you. On November 4, 2019, you were seen again by the urologist who recommended a non-emergent hydrocelectomy. Upon your return to the institution, pain medication was ordered and administered. As of December 2, 2019, the procedure was approved and has been scheduled for the near future.

Based on the above, this Request for Administrative Remedy is for informational purposes only. In the event you are not satisfied with this decision and wish to appeal, you may do so within 20 calendar days of the date of this response by submitting a Regional Administrative Remedy Appeal to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, Gateway Complex, Tower II, 8th Floor, 400 State Avenue, Kansas City, Kansas 66201-2492.



R. A. Heisner, Warden

12-31-19

Date

BP-229 Response**Case Number: 996836-F1**

This is in response to your Request for Administrative Remedy received on November 13, 2019, wherein you are inquiring about the rescheduling of your surgery with the outside hospital, which was originally scheduled for July 15, 2019. You state you are in pain, feel hopeless, and are worried you will no longer be able to have kids. As relief, you are requesting the rescheduling of your surgery.

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R. A. Heisner, Warden

Date

BP-229 Response**Case Number: 996836-F1**

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R. A. Heisner, Warden

Date

ATTEMPT AT INFORMAL RESOLUTION

Name: Williams, Marzan
Register Number: 52250-424

This is in response to your Informal Resolution Attempt, in which you claim you want to be followed up by a doctor due to a past surgery.

In review of your medical records, you have been properly evaluated by medical staff.

Post-surgery, you were evaluated twice by the Clinical Director.

Furthermore, you were sent out for a follow-up appointment with urology in which you were not originally seen, the provider was not seeing patients due to COVID-19 concerns. On May 7th, 2020, you did see the outside specialist for your follow-up appointment.

M. Kruger, AHSA
5/12/2020

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: JUNE 8, 2020

FROM: ADMINISTRATIVE REMEDY COORDINATOR *ms*
NORTH CENTRAL REGIONAL OFFICE

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: C02-0111
71 WEST VAN BUREN STREET
CHICAGO, IL 60605

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 996836-R1 REGIONAL APPEAL
DATE RECEIVED : JUNE 5, 2020
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT SUBMIT YOUR REQUEST OR APPEAL ON THE PROPER
FORM (BP-9 BP-10, BP-11) (CIRCLE ONE)

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

REJECT REASON 3: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
10 DAYS OF THE DATE OF THIS REJECTION NOTICE.

RECEIVED

JUN 18 2020

WARDEN'S OFFICE

*L2M. Received
~~Revised~~ 6/25
Delivered 6/25 Susan*

6-24; 8:30 call out for doctor visit. Tg didn't show up for
medical that day

12:45 6-9-20

Second day in a row LT clerk-williams has come & threaten me about taking the power cord. Saying ^{head voice} Na told her I can only sleep from 10pm to 6am with my sleep apnea machine. if I choose to sleep any time other than that I Die that's on me. There was a outlet in the room at first but water from the shower caused an electrical fire. So now there is no breaker for the outlet so they took it out. I was sleep once & they unplugged the cord. I can suffocate from that.

9:25 6-12-20

I sent an Email to health care letting them know! no distilled water, improper face mask, malfunction machine. at 8:00 pm or 9:25 pm then later that night MRS. Hurt came & put something on my door it says C-pap Machine in use.

6-15-20

During the 6+2 shift the power cord was taken from me. I had to stay awake until 11:00 pm. 11:00 pm officer Cleveland brought me the cord it came unplugged twice while I was sleep.

6-16-20

5:45 am I woke up out of my sleep gasping for air officer Cleveland unplugged the power cord & said he has to turn it in. I Explained to him why I need it on how he gets his chip & the next officer will turn his in. So he left the cord & allowed me to sleep.

6-16-20

Officer ^{Cleveland} ~~Gutierrez~~ woke me up at 6:15 or 6:30 said he needs the cord. I explained to him nurse Nicholas came said I need the cord all

3 male	4.30
3 doms	5.85
1 small Asian	2.10
1 tortoise	4.15
1 hotchamps	2.35
1 chace	3.85
1 chard	3.45
1 leather pie	2.35
128	5.00
11.15	
1.60	
34.15	
3.85	
35.10	
4.10	
39.20	

$$\begin{array}{r} 11.30 \\ \hline 51. \\ 51. \\ 20 \\ 06 \\ 09 \\ 24 \end{array}$$

500 124 300
cocoa/cash 1 theden
89

BP-229 Response


Case Number: 1016953-F1

This is in response to your Request for Administrative Remedy received on May 1, 2020, wherein you claim you are under intense stress because you have no access to the law library, only one phone call and one shower a week, no physical activity, no medical sick call, no proper cleaning solutions for your sleep apnea machine, and no bottled water. You do not specify the relief you seek.

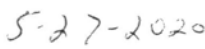
A review of this matter reveals on May 18, 2020, the Bureau of Prisons implemented Phase 7 of the COVID-19 Action Plan, which currently governs operations. The current plan requires that all inmates be secured in their assigned cells/quarters until June 30, 2020, in order to stop any spread of the disease. Only limited group gathering is afforded, with attention to social distancing to the extent possible, to facilitate commissary, laundry, showers, telephone, and computer access. In addition, cleaning supplies are regularly supplied to the inmate population and medical staff make rounds at least twice a day.

Your additional claims related to medical concerns should be brought in a separate administrative remedy.

Based upon the above information, your Request for Administrative Remedy is for informational purposes only. In the event you are not satisfied with this decision and wish to appeal, you may do so within 20 calendar days of the date of this response by submitting a Regional Administrative Remedy Appeal to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, Gateway Complex, Tower II, 8th Floor, 400 State Avenue, Kansas City, Kansas 66201-2492.



R. A. Heisner, Warden



Date

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Williams, Marzan 52250-424 13/1310 MCC Chicago
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

To whom it may concern, I am under intense stress. Things have not changed here at the M.C.C. Chicago. To accommodate pre-trial detainees still facing the Federal Law of the Court.

(1) No Law Library time at all. (2) One call a week for 5 minutes at not schedule times.

(3) One shower a week. (4) No physical activity at all (5) No medical sick call

(6) No proper cleaning solution for my sleep apnea machine. (7) No bottled water. I told the staff here I was sick going on 3 weeks ago. No help! I filled out a sick call slip nothing, I couldn't sleep in pain my stomach area swelled, back ~~back~~ would lock up when I would breath deep. They did nothing. My cell mate Eric Purdis called for help for me nothing.

4-20-20
DATE

Marzan Williams
SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED

MAY 01 2020

WARDEN'S OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1016953-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



PRINTED ON RECYCLED PAPER

BP-229(13)
APRIL 1982

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Williams, Marzan 52250-424 13/1310 MCC Chicago
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

To whom it may concern, I am under intense stress. Things have not changed here at the M.C.C. Chicago. To accommodate pre-trial detainees still facing the Federal Law of the Court.

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water. I told the staff here I was sick ~~3 weeks~~ 3 weeks ago. No help! I filled out a sick call slip nothing, I couldn't sleep in pain my stomach area swelled, back ~~would~~ would lock up when I would breath deep. They did nothing! My cell mate Eric Purdis called for help for me nothing.

4-20-20

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED

MAY 01 2020

WARDEN'S OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: 10110953-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



PRINTED ON RECYCLED PAPER

BP-229(13)
APRIL 1982

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Williams, Marzan 52250-424 13/1310 MCC Chicago
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

To whom it may concern, I am under intense stress. I am not engaged here at the M.C.C. Chicago. To accommodate pre-trial detainees still facing the Federal Law of the Court.

(1) No Law Library time at all. (2) One call a week for 5 minutes at not schedule times.

(3) One shower a week. (4) No physical activity at all (5) No medical sick call

(6) No proper cleaning solution for my sleep apnea machine. (7) No bottled water.

I told the staff here I was sick ~~6 days ago~~ 3 weeks ago. No help! I filled out a sick call slip nothing, I couldn't sleep in pain my stomach area swelled, back ~~area~~ would lock up when I would breath deep. They did nothing! My cell mate Eric Paredis called for help for me nothing.

4-20-20
DATE

Williams
SIGNATURE OF REQUESTER

Part B- RESPONSE

RECEIVED

MAY 01 2020

WARDEN'S OFFICE

RECEIVED

MAY 01 2020

WARDEN'S OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

THIRD COPY: RETURN TO INMATE

CASE NUMBER: 101-153-11

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



PRINTED ON RECYCLED PAPER

BP-229(13)
APRIL 1982

Requirement for submission of this request directly to the Regional Director, Bureau of Prisons.

When the inmate believes that he may be adversely affected by submission of this request at the institution level because of the sensitive nature of the complaint, he may address his complaint to the Regional Director. He must clearly indicate a valid reason for not initially bringing his complaint to the attention of the institution staff.

If the inmate does not provide a reason, or if the Regional Director or his designee believes that the reason supplied is not adequate, the inmate will be notified that the complaint has not been accepted. The form sent to the Regional Director will not be returned. However, the inmate may prepare a new request and submit it at the institution if he wishes.

RECEIVED

MAY 01 2020

WARDEN'S OFFICE

RECEIVED

WARDEN'S OFFICE

This is the response I get for a serious medical concern.

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DATE: JANUARY 28, 2021

FROM: ADMINISTRATIVE REMEDY COORDINATOR
NORTH CENTRAL REGIONAL OFFICE

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: I01-018L

ADDITIONAL TIME IS NEEDED TO RESPOND TO THE REGIONAL APPEAL
IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED
FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 1057660-R1
DATE RECEIVED : JANUARY 25, 2021
RESPONSE DUE : MARCH 26, 2021
SUBJECT 1 : OTHER SPECIAL HOUSING UNIT MATTERS
SUBJECT 2 :

My finale Remedy for an Issue from 2019
Which the Real Reason I'm sick was being discovered. Doctor Mohand
here at M.C.C-Chicago took it upon him self to tell me dont
worry about it.

RECEIPT - ADMINISTRATIVE REMEDY

DATE: JANUARY 28, 2021

FROM: ADMINISTRATIVE REMEDY COORDINATOR
NCRTH CENTRAL REGIONAL OFFICE

TO : MARZAN WILLIAMS, 52250-424
CHICAGO MCC UNT: JAIL UNSEN QTR: I01-018L

THIS ACKNOWLEDGES THE RECEIPT OF THE REGIONAL APPEAL
IDENTIFIED BELOW:

REMEDY ID : 1057660-R1
DATE RECEIVED : JANUARY 25, 2021
RESPONSE DUE : MARCH 26, 2021
SUBJECT 1 : OTHER SPECIAL HOUSING UNIT MATTERS
SUBJECT 2 :